

Anwer Hasan Chairperson

James D. Fielder, Jr., Ph.D.



MARYLAND HIGHER EDUCATION COMMISSION APPLICATION FOR EXEMPTION AS A

RELIGIOUS EDUCATIONAL INSTITUTION

(To be completed by the chief executive officer of the institution)

In accordance with the Education Article, §11-202.1 of the Annotated Code of Maryland,

the following information is provided in support of the application for an exemption to operate in Maryland as a religious educational institution under § 11-202.1 (b) and in accordance with regulations adopted by the Maryland Higher Education Commission:

Name of Institution:

Chief Administrative Officer:

Mailing Address:

Email Address:

Telephone Number:

Website:

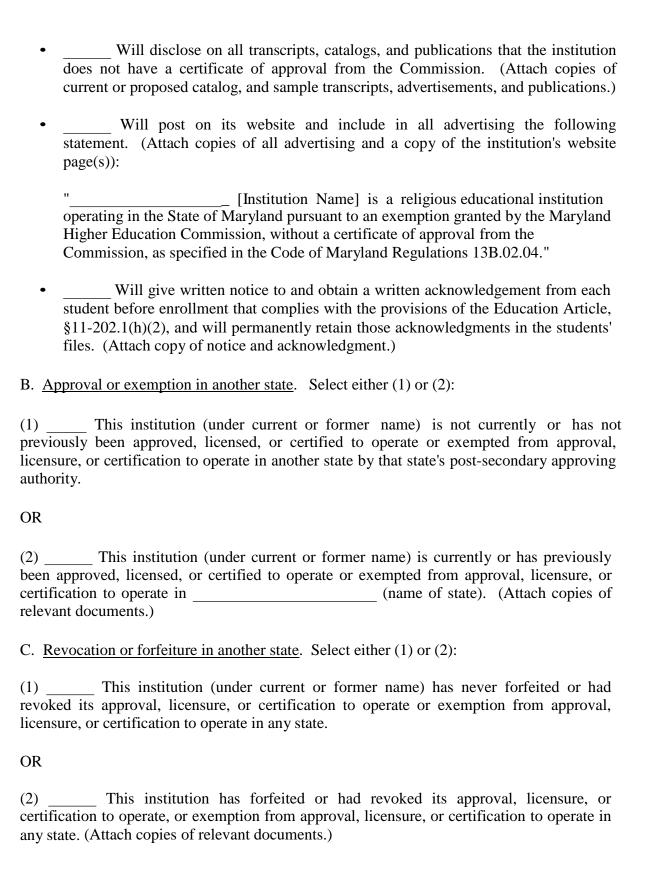
A. <u>Qualification</u>. The institution is required to meet each of the following items. Place your initials in each blank where your institution meets the requirement. The institution:

Maryland State Corporation I.D. Number:

- Is established for religious educational purposes. (Attach articles of incorporation or other organizing documents, by-laws, and proof of Good Standing with the Maryland Department of Assessments and Taxation.)
- Provides educational programs only for religious vocations or purposes. (Attach current or proposed catalog.)
- Offers only sectarian instruction designed for and aimed at individuals who hold or seek to learn the particular religious faiths or beliefs taught by the institution. (Attach current or proposed catalog.)
- ____ States on the certificate or diploma the religious nature of the award. (Attach a sample of each formal award to be granted.)
- Is not accredited by an accrediting body recognized by the United States Department of Education. (Attach any documentation showing accreditation)

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D. <u>Degrees proposed to be conferred</u> . The (List all):	The institution will award the following degrees
E. <u>Reviewed financial statement</u> . Place y meets the requirements:	our initials in each blank where your institution
which shows that the institution ho	atements for the two most recent calendar years olds assets of \$250,000 or more in Maryland and abilities. (Attach financial statement)
	as been reviewed by an independent certified tter from a certified public accountant.)
F. Affirmation (Place your initials in each b	olank to affirm your agreement.)
The institution will provi Maryland Higher Education Commi	ide any other documentation required by the assion.
I HEREBY CERTIFY that the Maryland Higher Education Corn	the information submitted in this Application to mmission is true and correct.
Date	Signature
	Name:
	Title:
STATE OF MARYLAND, COUNTY OF _	, to wit:
I HEREBY CERTIFY, that on the	day of, 20 , before

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me, the subscriber, a Notary Public of the S	•	
[County], personally appeared		[Name],
[Title]	of	
[Name of Institution], known to me	, or satisfactorily proven to me to	be said
[N	Jame] and made oath or affirmation in due	e form
of law that the matters and facts stated in the	ne foregoing Application for Exemption, a	and the
documents attached, are true and correct.		
AS WITNESS, my hand and notarial seal.		[Seal
	Name: Notary Public	
My Commission Expires:		